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CONFIRMATION NO. 1412

<b>SERIAL NUMBER</b> 10/693,246	<b>FILING OR 371(c) DATE</b> 10/24/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3693	<b>ATTORNEY DOCKET NO.</b> CRD0936DIV1
<b>APPLICANTS</b> Roberto Diaz, Miami, FL; Vladimir Mitelberg, Aventura, FL;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/865,642 05/25/2001 PAT 6,673,100 <i>Upstart</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>no</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/24/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>met</i> Verified and Acknowledged <i>met</i>		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 6
Examiner's Signature <i>[Signature]</i> Initials		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 000027777				
<b>TITLE</b> Method and device for retrieving embolic coils				
<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	